

## APPENDIX C - Attachment

### Attachment A Summary of Out-of-Pocket Expenses in King County's Medical Plans

(Attachment to: MEMORANDUM OF AGREEMENT  
Regarding  
Health Benefits  
For Represented Benefits-Eligible Employees within the  
Wastewater Treatment and Transit Divisions  
By and Between King County and  
Technical Employees Association)

Feature/Covered Expense	KingCare Bronze	KingCare Silver	KingCare Gold	Group Health Bronze	Group Health Silver	Group Health Gold
<b>Provider choice</b>	You may choose any qualified provider, but you receive higher coverage when you use network providers			You choose a Group Health primary care physician (PCP) who provides and coordinates most services through the Group Health network; you may also self-refer to Group Health staff specialists; no non-network coverage unless indicated		
<b>Annual deductible</b>	\$500/person, \$1,500/family	\$300/person, \$900/family	\$100/person, \$300/family	None	None	None
<b>Deductible Carryover</b>	Deductible amounts applied to charges incurred in the last 3 months of the calendar year are carried over and applied to the next year's deductible			Does not apply	Does not apply	Does not apply
<b>Office Visit Copay Standard Specialist</b>	No copays, but you pay coinsurance	No copays, but you pay coinsurance	No copays, but you pay coinsurance	You pay \$50 You pay \$50	You pay \$35 You pay \$35	You pay \$20 You pay \$20
<b>Emergency Room Copay</b>	You pay \$100 (waived if admitted)	You pay \$100 (waived if admitted)	You pay \$100 (waived if admitted)	You pay \$100 (waived if admitted)	You pay \$100 (waived if admitted)	You pay \$100 (waived if admitted)
<b>Inpatient Hospital Copay</b>	No copays, but you pay coinsurance	No copays, but you pay coinsurance	No copays, but you pay coinsurance	You pay \$600 per admission	You pay \$400 per admission	You pay \$200 per admission

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Feature/Covered Expense	KingCare Bronze	KingCare Silver	KingCare Gold	Group Health Bronze	Group Health Silver	Group Health Gold
<b>After the deductible/copays, the plans pay most covered services at these levels until you reach the annual out-of-pocket maximum</b>	80% network medical claims (you pay 20% coinsurance) 60% non-network medical claims (you pay 40% coinsurance)	80% network medical claims (you pay 20% coinsurance) 60% non-network medical claims (you pay 40% coinsurance)	90% network medical claims (you pay 10% coinsurance) 70% non-network medical claims (you pay 30% coinsurance)	100% network Limited emergency/out-of-area non-network care	100% network Limited emergency/out-of-area non-network care	100% network Limited emergency/out-of-area non-network care
<b>Devices, Equipment &amp; Supplies</b>	80% network 60% non-network	80% network 60% non-network	90% network 70% non-network	50%	50%	80%
<b>Annual out-of-pocket maximum</b>	\$1,200/person, \$2,400/family network (plus deductible) \$2,000/person, \$4,000/family non-network (plus deductible)	\$1,000/person, \$2,000/family network (plus deductible) \$1,800/person, \$3,600/family non-network (plus deductible)	\$800/person, \$1,600/family network (plus deductible) \$1,600/person, \$3,200/family non-network (plus deductible)	\$3,000/person, \$6,000/family network and limited emergency/ out-of-area non-network (Pharmacy copays do not apply)	\$2,000/person, \$4,000/family network and limited emergency/ out-of-area non-network (Pharmacy copays do not apply)	\$1,000/person, \$2,000/family network and limited emergency/ out-of-area non-network (Pharmacy copays do not apply)
<b>After you reach the out-of-pocket maximum, most benefits are paid for the rest of the calendar year at this level</b>	100%	100%	100%	100% network ONLY	100% network ONLY	100% network ONLY
<b>Lifetime maximum</b>	\$2,000,000	\$2,000,000	\$2,000,000	No limit	No limit	No limit